



*Protecting and Improving the Health of Iowans*

**Strategic Plan  
2017 – 2021**

Revised October 2017

## A Message from the Iowa Department of Public Health Director

In October 2016, the Iowa Department of Public Health's (IDPH) leadership began meeting to create a vision for the future of the department. The intent of this visioning was to consider the many changes occurring in health and healthcare in America, and to consider the implications for public health in Iowa. As a part of this process, hard questions were asked, trends were examined, and needs were considered. The result of this work is our 2017-2021 IDPH Strategic Plan.

The IDPH Strategic Plan is not a stagnant expression of one point-in-time. It is the foundation upon which future reflection and adjustments can be built. It reflects a movement toward an integrated flow of programs and services, all of which build upon a vision of Healthy Iowans in Healthy Communities and keeps us moving forward on the path to becoming the healthiest state in the nation. And, in fulfilling our vision for IDPH as Iowa's Leader for Population Health, we reaffirm our mission of Protecting and Improving the Health of Iowans. The plan's three goals each are vitally important to ensuring healthier Iowans; and, research shows that healthier people are better learners and better workers/entrepreneurs.<sup>1</sup> Thus, this plan specifically supports three of Governor Reynolds' goals for Iowa:

- Creating a competitive business environment;
- Educating our children for the knowledge economy; and
- Training Iowans for the jobs of tomorrow.

In turn, a strong economy and high-quality education and training help Iowans become healthier. In addition, strengthening our capability and capacity to improve population health through partnerships, communications, workforce development, and quality improvement (Goal 2) reflects our commitment to efficiency and effectiveness in the way we interact with businesses and individuals in protecting and improving Iowa's health.

I am proud to present this revision of the 2017-2021 IDPH Strategic Plan, a reflection of our department's vision for the future with a commitment to the continued strengthening of our ties with local public health and other critical public and private partners.

Sincerely,

Gerd W. Clabaugh, MPA  
Director, Iowa Department of Public Health  
October 1, 2017

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<sup>1</sup> Read [Why Healthy Communities Matter to Business](#) (May 2016) by the Robert Wood Johnson Foundation for a brief introduction to the connections between health, education, and the business environment.

# VISION for Iowa

Healthy Iowans in Healthy Communities

## MISSION

Protecting and Improving the Health of Iowans

# VISION for IDPH

Iowa's Leader for Population Health

## GUIDING PRINCIPLES

### ACCOUNTABILITY

We act with integrity and strive for fairness in all we do.

### COLLABORATION/TEAMWORK

We value internal and external partnerships, and remain flexible to new and diverse ideas.

### COMMUNICATION

We use timely, effective, and open dialogue to increase collaboration and participation in protecting and improving health.

### HEALTH EQUITY

We promote health for all by working to reduce health disparities and focusing on health where people live, learn, work, and play.

### QUALITY

We are dedicated to efficiency, effectiveness, and the continuous improvement of our processes and services.

### RESULTS ORIENTED

We strive for excellence through decision-making that is priority-focused, data-driven, and evidence-based.

### WORKFORCE DEVELOPMENT

We continually work to develop the skills and competencies of our workforce.

# Focus Area: Population Health Leadership

## Goal 1

Strengthen the department’s role as Iowa’s chief health strategist (CHS).

### Objectives

1. Iowa’s top health issues are identified/updated/published annually.
2. Establish baselines for self-assessed CHS scores for Iowa’s top 10 health issues.
3. Increase the self-assessed CHS score for the selected health issues (Goal 3).
4. Increase the percentage of staff performance plans with CHS tactics identified.

### Strategies

1. Define and communicate chief health strategist (CHS) tactics.
2. Develop, implement and evaluate models for addressing health issues using CHS tactics.
3. IDPH staff demonstrate CHS tactics in carrying out health priorities.

Action	Lead*	Date Due
<b>Strategy 1</b> 1. Develop/adopt definitions for CHS tactics. 2. Train staff in CHS tactics. 3. Designate CHS mentors/champions.	1. Director/Deputy Director 2. Deputy Director 3. Deputy Director	1. Aug-2017 2. Feb-2018 3. Jul-2018
<b>Strategy 2</b> 1. Develop model frameworks to assess and evaluate implementation of CHS tactics. 2. Implement model frameworks for selected health issues (Goal 3). 3. Evaluate and revise model frameworks.	Acute Disease Prevention, Emergency Response & Environmental Health Division Director/Health Promotion & Chronic Disease Prevention Division Director	1. Dec-2017 2. Jul-2018 3. Dec-2018
<b>Strategy 3</b> 1. Include CHS tactics in employee performance plans.	1. Deputy Director	1. Jul-2018

\* Leads are responsible for facilitating department-wide participation in implementing the strategies/actions. See [page 13](#) for a complete description of their roles.

## Focus Area: Foundational Capabilities

### Goal 2

Strengthen the department's capability and capacity to improve population health through partnerships, communications, workforce development, and quality improvement (QI).

### Objectives

#### Partnerships

1. Increase the partnership score (TBD), e.g., coalition/partnership strength for the selected health issues (Goal 3).
2. Increase the percentage of local public health agencies with staff that have attended CHS training.

#### Workforce

1. Increase the percentage of IDPH staff who agree/strongly agree that 'IDPH has the right people & skills to meet needs' (annual employee survey).
2. Increase the percentage of IDPH staff participating in internal training.
3. Increase the percentage of IDPH staff participating in informatics and analytical skills training.

#### Communications

1. Increase the percentage of IDPH staff who agree/strongly agree that 'IDPH staff receive adequate and timely communications' (annual employee survey).
2. Increase the percentage of IDPH staff who agree/strongly agree that 'I know the IDPH vision and mission' (annual employee survey).
3. Increase the percentage of IDPH staff who agree/strongly agree that 'I know how my work links with the IDPH strategic plan' (annual employee survey).

#### QI

1. Increase the percentage of IDPH staff with exposure to QI in the last year.
2. Increase the percentage of IDPH staff with QI responsibilities in their performance plans.
3. Increase the percentage of IDPH staff who agree/strongly agree that 'We have good processes for doing our work' (annual employee survey).
4. Increase the percentage of IDPH staff who agree/strongly agree that 'I have influence in defining/improving my work processes' (annual employee survey).
5. Increase the department's quality culture score.

### Strategies

1. Strengthen partnerships.
2. Implement workforce development strategies to assure human resource capabilities match needs today and in the future.
3. Enhance internal and external communications, including IDPH branding: improve how people communicate & what is communicated.
4. Improve organizational practices using QI processes.

Action	Lead*	Date Due
Strategy 1 1. Assess the strength/quality of existing partnerships for the selected health issues [Goal 3]. 2. Identify and implement partnership-building activities for the selected health issue(s). 3. Educate/train local public health on CHS role.	Behavioral Health Division Director/ Tobacco Use Prevention & Control Division Director	1. Oct-2017 2. Mar-2018 3. Jan-2019
Strategy 2 1. Develop at least one cross-sectional team for the selected health issues [Goal 3]. 2. Identify and provide training to staff on informatics and analytical skills. 3. Review and update the department's Workforce Development Plan.	Administration & Professional Licensure Division Director	1. Oct-2017 2. Jan-2019 3. Aug-2017
Strategy 3 1. Communicate with staff and stakeholders about the IDPH strategic plan. 2. Provide training to staff on internal and external communication and meeting facilitation. 3. Continue regular <i>Bus Stop</i> sessions on important organizational functions/processes (e.g., IDPH branding, communication and public information, accreditation, strategic planning, program activities).	Deputy Director	1. Ongoing 2. Jan-2019 3. Monthly
Strategy 4 1. Establish a department-wide QI Council. 2. Review and update the QI Plan. 3. Provide QI training to staff. 4. Complete at least one formal QI project annually.	Deputy Director	1. Feb-2017 2. Oct-2017 3. Bi-annually 4. Annually

\* Leads are responsible for facilitating department-wide participation in implementing the strategies/actions. See [page 13](#) for a complete description of their roles.

## Focus Area: Iowa's Top Health Issues<sup>2</sup>

### Goal 3

Implement a collaborative, department-wide approach to addressing Iowa's top health issues.

### Objectives

1. Improve outcomes/metrics of progress toward improvement of the selected health issues.
2. Increase the percentage of IDPH programs that have activities to address the selected health issues.
3. Increase the percentage of programs that incorporate data for the selected health issues into grants, promotions, activities.
4. Document the resources used for the selected health issues (e.g., expenditures & receipts) at least annually.

### Strategies (Obesity, Nutrition & Physical Activity)<sup>3</sup>

1. Develop and implement collaborative, department-wide activities related to decreasing obesity.
2. Develop and implement collaborative, department-wide activities related to improving nutrition.
3. Develop and implement collaborative, department-wide activities related to increasing physical activity.

Action	Lead*	Date Due
Strategy 1	Health Promotion & Chronic Disease Prevention Division Director	1. Aug-2017
1. Document existing department strategies for addressing obesity.		2. Feb-2018
2. Develop and implement new collaborative strategies for addressing obesity.		3. Feb-2018
3. Communicate to and educate staff/partners on obesity-related issues.		4. Feb-2018
4. Assess, identify, analyze, and distribute data related to obesity.		5. Aug-2017
5. Document existing funding sources for obesity-related strategies.		6. Quarterly
6. Assess financial sustainability and identify potential sources of funding for obesity-related strategies.		

<sup>2</sup> According to the Healthy Iowans state health assessment and health improvement planning process. See [Appendix A](#) for an infographic listing the top health issues identified by [Healthy Iowans](#), Iowa's health assessment and health improvement planning process.

<sup>3</sup> **Obesity, nutrition & physical activity** combined were rated as the top health issue in Iowa during the Healthy Iowans state health assessment and are addressed by multiple stakeholders in [Healthy Iowans: Iowa's Health Improvement Plan 2017-2021](#). See the [Healthy Living section](#) for detailed goals, objectives, and strategies to address these issues.

Action	Lead*	Date Due
Strategy 2 1. Document existing department strategies for improving nutrition. 2. Develop and implement new collaborative strategies for improving nutrition. 3. Communicate to and educate staff/partners on nutrition related issues. 4. Assess, identify, analyze, and distribute data related to nutrition. 5. Document existing funding sources for nutrition-related strategies. 6. Assess financial sustainability and identify potential sources of funding for nutrition-related strategies.	Health Promotion & Chronic Disease Prevention Division Director	1. Aug-2017 2. Feb-2018 3. Feb-2018 4. Feb-2018 5. Aug-2017 6. Quarterly
Strategy 3 1. Document existing department strategies for increasing physical activity. 2. Develop and implement new collaborative strategies for increasing physical activity. 3. Communicate to and educate staff/partners on physical activity-related issues. 4. Assess, identify, analyze, and distribute data related to physical activity. 5. Document existing funding sources for physical activity-related strategies. 6. Assess financial sustainability and identify potential sources of funding for physical activity-related strategies.	Health Promotion & Chronic Disease Prevention Division Director	1. Aug-2017 2. Feb-2018 3. Feb-2018 4. Feb-2018 5. Aug-2017 6. Quarterly

\* Leads are responsible for promoting department-wide participation in implementing the strategies/actions. See [page 13](#) for a complete description of their roles.

## IDPH's Strategic Planning Process

IDPH used the following process to conduct its strategic planning process. It was adapted from the 2014 ASTHO: Strategic Planning Guide.<sup>4</sup> Each step is described in greater detail on the following pages. The timeline for the development of the plan is also provided.



<sup>4</sup> Association of State and Territorial Health Officials. ["Strategic Planning Guide: Guidance and Resources to Assist State and Territorial Health Agencies in Developing a Strategic Plan"](#), 2014.

## Strategic Planning Timeline (2017)

Task	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	
Select Strategic Plan Committee																			
Mission, Vision, Guiding Principles	a	b	b	c															
Environmental Scan/SWOT	a	b	b	c															
Strategic Priorities/Work Plans		b	b	c	d	d,e													
Documentation, feedback, finalization					d	d,e	d,f												
Implementation																			
Review, Evaluate, & Revise (ongoing – quarterly minimum)																			

**Note:** Boxes are shaded to show when the task occurred. The following key provides details about the completed tasks.

**a**=Training on Public Health 2030 and foundational capabilities

**b**=Distribute environmental scan documents (see Table 1). Survey public, staff, contractors/stakeholders, State Board of Health (bullet 4).

**c**=Planning retreat on Oct. 4th & 5th; **d**=Documentation subcommittee; **e**=Full committee feedback; **f**=Employee feedback

## IDPH Strategic Planning Committee and Environmental Scan

The IDPH strategic planning committee ([Appendix B](#)) used a variety of resources to inform its decision-making during the strategic planning process. First, as part of a comprehensive environmental scan, committee members reviewed and reflected upon a compilation of important documents (Table 1) provided prior to a two-day strategic planning meeting. Second, committee members were encouraged to have discussions with their staff, partners, and other stakeholders about priorities for the future. Finally, committee members engaged in strategic discussions during the meeting based on their own experiences and expertise.

**Table 1. Important Documents reviewed for the Environmental Scan**

<ul style="list-style-type: none"> <li>2014-2016 IDPH Strategic Plan &amp; Final Strategic Plan Status Report</li> </ul>
<ul style="list-style-type: none"> <li>2015 Iowa State Health Profile</li> </ul>
<ul style="list-style-type: none"> <li>2016 Employee Survey Summary (comparing results from 2011 through 2016)</li> </ul>
<ul style="list-style-type: none"> <li>2016 Strategic Planning Survey results: Over 500 staff, partners and other stakeholders responded to a survey asking for input in reviewing the plan’s main elements (vision, mission, guiding principles) and for their opinions about department strengths, weaknesses, opportunities, and threats (SWOT).</li> </ul>
<ul style="list-style-type: none"> <li>Department Strategic Framework with Goals, Strategies, &amp; Program Areas to Meet Goals</li> </ul>
<ul style="list-style-type: none"> <li>Existing IDPH mission, vision, and guiding principles</li> </ul>
<ul style="list-style-type: none"> <li>Foundational Public Health Services Factsheet</li> </ul>
<ul style="list-style-type: none"> <li>FY2017 YTD department budget</li> </ul>
<ul style="list-style-type: none"> <li><i>The High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist</i></li> </ul>
<ul style="list-style-type: none"> <li>IDPH Table of Organization</li> </ul>
<ul style="list-style-type: none"> <li>IDPH Workforce Development Plan 2016</li> </ul>
<ul style="list-style-type: none"> <li>Public Health 2030 Scenarios</li> </ul>
<ul style="list-style-type: none"> <li>Top Health Issues in Iowa infographic (from <i>Healthy Iowans</i> state health assessment and health improvement planning process)</li> </ul>

During the two-day meeting, the IDPH strategic planning committee identified the issues from the environmental scan documents that they believed were most important to consider in driving improvement for IDPH over the next five years (Table 2). As is common in planning processes, the results of these discussions focused heavily on weaknesses and threats, but also documented important strengths to consider and offered many opportunities for improvement.

In addition, one theme was particularly important in driving the discussion over the two days: the idea that the public health system is at a crossroads. Whether from the perspectives of the public health workforce, partners, or other stakeholders, there does not seem to be a clear unifying vision for IDPH or for the public health system for the future. While this is certainly a threat to what the public health system does and how it does it, it also presents an opportunity for IDPH to strengthen its role as Iowa’s chief health strategist in defining the role public health should and must play in *Protecting and Improving the Health of Iowans* and in assuring *Healthy Iowans in Healthy Communities*. The following table summarizes the top strengths, weaknesses, opportunities, and threats identified by the IDPH strategic planning committee.

**Table 2. Environmental Scan: Top Issues chosen by IDPH Strategic Planning Committee**

**Strengths**

- **Communication and Collaboration:** working with partners and bringing together resources, partners, and data sources to respond to important issues.
- **Workforce:** staff are competent, knowledgeable, and dedicated. Employees are responsive and respected; they are subject matter experts.

**Weaknesses**

- **Communication and Collaboration:** internal communication and coordination is inconsistent department-wide and across programs. IDPH functions primarily in silos. Need to improve communication to funders and licensees about the value of regulatory processes and how to navigate them.
- **Data:** IDPH needs to be the source for data to measure results. There is a need for more and better data to monitor progress and to drive decision-making; decision-makers lack sufficient information to make important choices about their community's health.
- **Funding:** IDPH chases funding. Requirements of funding influence the department’s staffing structure rather than an overall staffing strategy.
- **Leadership:** IDPH lacks a single, unified brand. The role IDPH plays on issues is inconsistent, from being a leader to only serving as a resource. There is confusion on why the focus is on certain areas.
- **Technology:** using technology effectively or having access to needed technology. There is an inconsistent knowledge base and use across the department.
- **Workforce:** IDPH has great staff, but tries to be everything to everybody. Concern whether IDPH has the right staff in the right places and staff ability to change to meet new challenges.

**Table 2. Environmental Scan: Top Issues chosen by IDPH Strategic Planning Committee (continued)**

**Opportunities**

- Communication and Collaboration: timelier, improved communication and collaboration. Assure additional information about local public health activities & needs is shared across the department.
- **Data:** be the source for data to measure results. Market what is available and how to use it to monitor progress and drive decision-making.
- Funding: negotiate with funders & policymakers regarding policy recommendations/resources. Conduct a thorough review of grant capabilities & use focused intentional creative thinking. Leverage funding across programs.
- Leadership: pick a direction & commit to it. IDPH should be the strategist/leader. Take on more risk and be more goal-oriented.
- Workforce: continue supporting & educating the workforce.

**Threats**

- **Communication and Collaboration:** not being able to communicate department & program decisions effectively.
- **Funding:** state and federal budgetary constraints/reduction and/or redirection of funding. Lack of funding flexibility may result in funding lower priority activities at the expense of more critical activities. How does IDPH fund being the strategist rather than working within silos? How does the public health system match services/activities with available resources?
- **Leadership:** public health is at a crossroads. How can IDPH facilitate change in the public health system still driven by what funding sources require? Funders dictate to IDPH; IDPH dictates to recipients what public health is. It is a constant challenge to assure the capacity to respond to health crises while maintaining normal operations: federal grant obligations cannot be put aside when an emergent event takes time and resources.
- **Population Changes:** include diversity, aging, education, income, health behaviors, and disease trends. Customer/client/public expectations and disparate needs (e.g., rural versus urban).
- **Technology:** changing technology and communication options. Greater need for data.
- **Workforce:** changes in skills necessary to work efficiently and effectively. Changing local public health structure – staff turnover/retirements, shrinking workforce/capacity, organizational changes, foundational capabilities, and accreditation. Increased focus on population level services and systems; decreased need for providing clinical care.

## **Vision, Mission, Guiding Principles**

The next step was to revisit the department’s vision, mission, and guiding principles to ensure they represent the collective voice of IDPH staff and stakeholders and reflect the most current and applicable values that IDPH must follow in leading the department and Iowa to a healthier future. The vision (Vision for Iowa) and mission statements were modified slightly from previous statements. Guiding principles were revised to reflect current priorities and terminology. And, for the first time, IDPH developed an organizational vision statement (Vision for IDPH) that reflects what IDPH needs to become to achieve the Vision for Iowa and to best implement the mission.

## **IDPH Strategic Priorities and Work Plans**

The results from the environmental scan discussion and the new vision, mission, and guiding principles formed the basis for identifying IDPH’s key strategic priorities for the next five years. The IDPH strategic planning committee identified three areas of focus, with initial goals, indicators, strategies, and action steps that will provide a solid foundation for achieving *Healthy Iowans in Healthy Communities*.

## **Strategic Plan Implementation**

Strategic plan implementation will develop a more collaborative, cohesive department structure for addressing strategic issues. Doing this will require broad participation from staff at all levels. In many cases, it will require teams that interact with other teams. In addition, teams may include external partners as appropriate. Some teams may be longer-term than others, depending on the strategies and actions they are working to achieve.

### **TEAMS**

Each action requires a team to implement it and to spread the goals, strategies, and actions throughout/across the department. Teams will include representation from across the department. The size of the team will depend on the action, but the intent is to collaborate across the department, break down silos, and improve understanding across the department of the issues included in the strategic plan. The teams may include division directors, bureau chiefs, and program staff.

### **LEADS**

The leads serve as champions for the strategies/actions and the teams (similar to a committee chair or coach). The leads are responsible for making sure the teams have the right 'players', have clear goals everyone on the team is moving toward, and ensuring that the team gets the support it needs to achieve those goals. The leads are not expected to be subject matter experts. Instead, they should encourage broad, department-wide perspectives on their assigned strategies/actions. The leads will communicate with IDPH management about their team's progress.

### **FACILITATION**

Initially, Planning Services staff will facilitate the teams. Ultimately, teams will develop roles within the team and define their own responsibilities for keeping the team moving forward and ensuring the work gets done. Planning Services staff will maintain quarterly progress reporting and will consult on procedural, cross-team, and other planning-related issues.

## **Strategic Plan Evaluation and Revisions**

### **EVALUATION**

Planning Services staff will develop quarterly status reports using input from teams and leads. Reports will include status indicators showing progress on goals, objectives, strategies, and actions, as well as narrative reports on the actions taken to implement strategies. The status reports will be published on the IDPH internet to ensure availability to staff, stakeholders, and the public. At least annually, the IDPH strategic planning committee will review the plan and develop any required revisions.

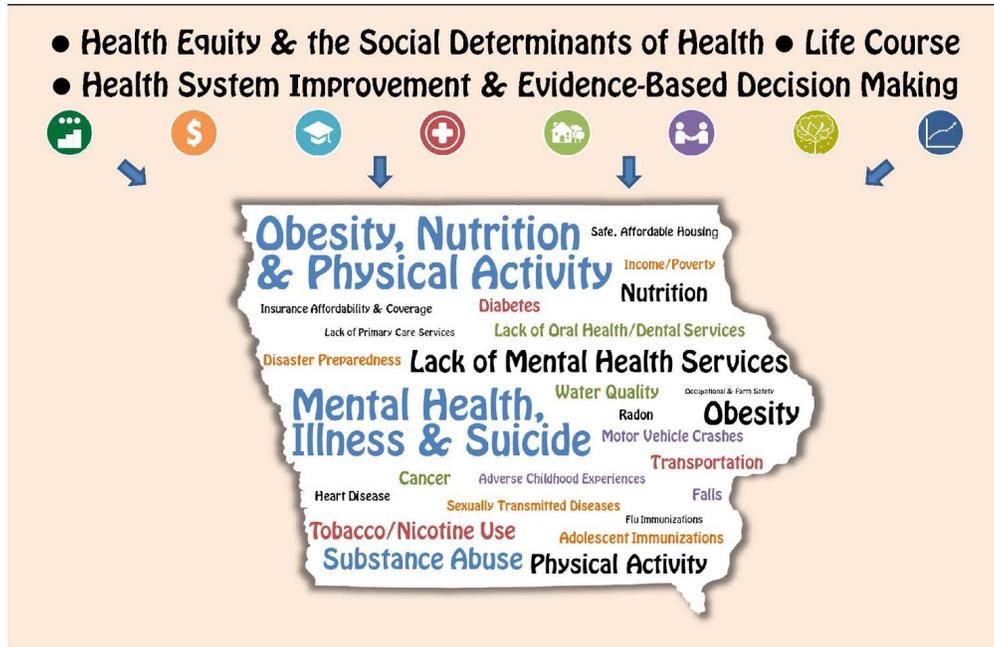
### **REVISIONS**

To keep the plan relevant and responsive, minor revisions to the plan (e.g., timelines, leads, adding or revising actions/strategies) may be approved by the department's executive team (director, deputy director and division directors) and will be made as necessary following quarterly status reports or the annual review. Major changes (i.e., vision/mission/guiding principles/focus areas/goals/objectives) require approval by the IDPH strategic planning committee. Following approval, the revised plan will be published to the IDPH internet website noting the month and year of the revisions.

# Appendix A: Infographic - Iowa's Top Health Issues



## 2016 Top Health Issues in Iowa\*



\* Based on Iowa's State Health Assessment coordinated by the Iowa Department of Public Health, Bureau of Planning Services. The size of text represents the number of counties that mentioned the issue in their Community Health Needs Assessment (CHNA) & the number of times the issue was identified as a priority by statewide committees, organizations, or state agencies.

Iowa Department of Public Health

August 2016

### Overarching Themes



**Health Equity** is the principle that all people deserve the opportunity to achieve their optimal health. It involves the reduction of health disparities within population groups such as people with disabilities, minorities, or rural/urban populations. Achieving health equity also requires addressing the various **Social Determinants of Health**, including economic stability, education, health services access, neighborhood and the built environment, & the social & community context (e.g., community awareness of health issues/health literacy).



**Life Course** approaches address health throughout the various stages of life including maternal, infant & child health, early & middle childhood, adolescence, early & middle adulthood, & older adulthood.

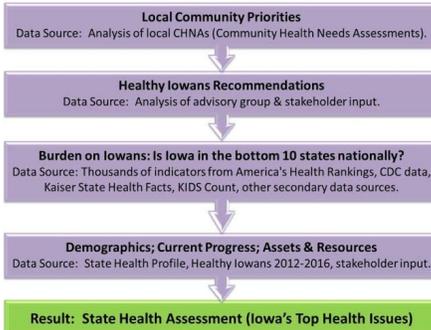


**Health System Improvement & Evidence-Based Decision Making** as described by Iowans during the assessment process include care coordination, partnerships, patient engagement, accreditation, care transitions, workforce development (recruitment, training, retention, succession), & the use of data, information technology, & best practices.

### Top Health Issues

- **Obesity, Nutrition & Physical Activity:** weight status, healthy eating, access to healthy food, food security, levels of physical activity, & access to outlets for physical activity
- **Mental Health, Illness & Suicide:** general mental health, illnesses such as depression & Alzheimer's disease, access to mental health services (providers/facilities), & suicide
- **Substance Abuse:** alcohol & binge drinking, prescription, illegal, & other drugs
- **Tobacco/Nicotine Use:** smoking & other tobacco use
- **Transportation:** transportation to health services & to other daily activities
- **Water Quality:** surface & ground water/storm & waste water
- **Cancer:** all types, breast, & colorectal
- **Diabetes:** prevention, education, & living with it
- **Lack of Oral Health/Dental Services:** providers/facilities
- **Falls:** prevention & older adults
- **Adolescent Immunizations:** recommended vaccines (Human papillomavirus [HPV] & others)
- **Motor Vehicle Crashes:** all, alcohol-related, & rural
- **Disaster Preparedness:** network infrastructure, planning, & notification
- **Income/Poverty:** all ages
- **Sexually Transmitted Diseases:** chlamydia, gonorrhea, & syphilis
- **Radon:** awareness & mitigation, rural
- **Adverse Childhood Experiences:** foster care & juvenile detention rates, child abuse, domestic violence, & trauma-informed care
- **Heart Disease:** prevention & living with it
- **Safe, Affordable Housing:** dilapidated/nuisance properties & affordability
- **Insurance Affordability & Coverage:** uninsured & underinsured
- **Lack of Primary Care Services:** providers/facilities
- **Flu Immunizations:** all ages
- **Occupational & Farm Safety:** work-related injuries/deaths & safety in agricultural settings

### State Health Assessment Methods:



To learn more about Iowa's state health assessment, visit <http://idph.iowa.gov/healthy-iowans> or contact the Healthy Iowans program at [HealthyIowans@idph.iowa.gov](mailto:HealthyIowans@idph.iowa.gov)

Iowa Department of Public Health

August 2016

## Appendix B: IDPH Strategic Planning Committee

Gerd Clabaugh	Director
Sarah Reisetter	Deputy Director
Dennis Klein	Iowa State Medical Examiner
Deborah Thompson	Legislative Liaison

### Division Directors

Brenda Dobson	Health Promotion & Chronic Disease Prevention
Jerilyn Oshel	Tobacco Use Prevention & Control
Ken Sharp	Acute Disease Prevention, Emergency Response & Environmental Health
Marcia Spangler	Administration & Professional Licensure
Kathy Stone	Behavioral Health

### Bureau Chiefs

Melissa Bird	Health Statistics
Don Callaghan	Immunization & TB
Cheryl Christie	Finance
Rebecca Curtiss	Emergency & Trauma Services
DeAnn Decker	Substance Abuse
Nathan Wilson	Planning Services
Marcus Johnson-Miller	Family Health
Lon Laffey	Information Management
Jill Lange	Nutrition & Health Promotion
Angela Leek	Radiological Health
Randy Mayer	HIV, STD & Hepatitis
Jill Myers-Gaedelmann	Chronic Disease Prevention & Management
Bob Russell	Oral & Health Delivery Systems
Carmily Stone	Environmental Health Services

### Facilitators for the October 2016 Planning Meeting

Amanda Beckett	Bureau of Planning Services
Jennifer Caskey	Director's Office
Jonn Durbin	Bureau of Planning Services
Martha Gelhaus	Bureau of Planning Services

### 2016-2017 Documentation Subcommittee

Sarah Reisetter	Deputy Director
Kathy Stone	Division of Behavioral Health
Martha Gelhaus	Bureau of Planning Services
Marcus Johnson-Miller	Bureau of Family Health
Lon Laffey	Bureau of Information Management
Jonn Durbin	Bureau of Planning Services
Amanda Beckett	Bureau of Planning Services